



10710 SW 211 St., Suite 240  
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## District 8 Community Image Grant

### ■ APPLICATION

#### I. APPLICANT INFORMATION

A. NAME OF ORGANIZATION: \_\_\_\_\_

B. TYPE OF ORGANIZATION: \_\_\_\_\_

C. NAME OF APPLICANT/ CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

*As the duly authorized representative of the applicant I hereby certify that all parts of the application package have been read and understood, that the application requirements have been met, that all of the information submitted is true and correct, and represents the desire and intent of the applicant to install and maintain the proposed project plans, specifications, and costs attached.*

NAME OF AUTHORIZED EXECUTIVE OFFICER OF APPLICANT\*

TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*\* If the executive officer is the same applicant as above, only a signature is necessary*

#### II. PROJECT INFORMATION

##### A. PROJECT LOCATION

*(Exact address must be in District 8, please confirm address at: <http://www.miamidade.gov/commiss/>)*

##### B. PROJECT DESCRIPTION

*(Please describe the purpose, intent, design, work etc. involved in the proposed project. Also, be sure to include a brief explanation of how this project will improve the community image. If necessary attach additional pages)*

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**C. PROJECT MAINTENANCE**

*(Please describe the work involved (if any) in maintaining this project after it is completed. Be sure to mention who will be responsible for the projects maintenance. If necessary attach additional pages)*

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**III. FUNDING INFORMATION**

**A. ESTIMATED TOTAL PROJECT COST:** \$ \_\_\_\_\_

**B. APPLICANTS GRANT REQUEST:** *(maximum \$3000, requests of less than \$500 proceed to section D)*

\$ \_\_\_\_\_

**C. APPLICANTS GRANT MATCH AMOUNT** *(must equal at least 25% of the total grant amount requested)*

**SOURCE OF MATCHING FUNDS:**

**IN KIND DONATIONS:** \$ \_\_\_\_\_

**CASH:** \$ \_\_\_\_\_

**D. ITEMIZED DESCRIPTION OF PROJECT COSTS**

*(Be sure to specify those items or monies that will be donated or used as matching funds. If necessary attach additional pages.)*

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